2005 FOR PROFIT CORPORATION REINSTATEMENT

| DOCUMENT # P03000113659 | | FILED | | |
|--|-----------------------------------|-----------------------------------|--|--|
| 1. Entity Name GOLDENROD ENTERTAINMENT, INC. | | | | 4 4 PH 1: 48 |
| Principal Place of Business | Mailing Address | | SECRE | TARY OF STATE IASSEE, FLORIDA NT 04-05 |
| 952 WESSON DR. | 952 WESSON DR | | I ALLAN | ASSEE, FLORIDA |
| CASSELBERRY, FL 32707 | CASSELBERRY, FL 3270 | | MCTATEME | |
| 2. Principal Place of Business | 3. Mailing Address | | 7 | . <u>] } </u> |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. | | 01062005 REIN-P | CR2E098 (6/04) |
| City & State | City & State | | 4. FEI Number | X Applied For Not Applicable |
| Zip Country | Zip | Country | 5. Certificate of Status Desired | S8.75 Additional Fee Required |
| 6. Name and Address of Current Registered Agent Name | | | 7. Name and Address of New F | legistered Agent |
| STONE, STEPHEN M 725 N. MAGNOLIA AVE. ORLANDO, FL 32803 | | Street Address | Street Address (P.O. Box Number is Not Acceptable) | |
| | | Gired (Address | (Tio, Bakitamba la tiot, toapida. | |
| | | City | | - Zin Codo |
| | | City | | FL Zip Code |
| 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. | | | | |
| SIGNATURE | | ephen M. Ston | | '6/05 |
| Signature, typed 2 printed name of registered age | nt and tille if applicable. (NOTE | : Registered Agent signature requ | ired when reinstating) | DATE |
| FILE NOW!!! FEE IS \$900.00 | | | | |
| 10. OFFICERS AN | D DIRECTORS Delete | 11. | ADDITIONS/CHANGES TO OFF | FICERS AND DIRECTORS IN 11 Change Addition |
| NAME PENNEL, JACK | ☐ Delete | NAME | | |
| STREET ADDRESS 952 WESSON DR. CITY-ST-ZIP CASSELBERRY, FL 32707 | | STREET ADDRESS CITY-ST-ZIP | | |
| TITLE | ☐ Delete | TITLE | | ☐ Change ☐ Addition |
| NAME Street address | | NAME STREET ADDRESS | | |
| CITY-ST-ZIP | | CITY-ST-ZIP | | |
| TITLE | ☐ Delete | TITLE NAME | | ☐ Change ☐ Addition |
| NAME STREET ADDRESS | | STREET ADDRESS | | |
| City-SI-ZIP | | CITY+ST-ZIP | | D 25 D 44450- |
| TITLE NAME | ☐ Detete | TITLE NAME | | ☐ Change ☐ Addition |
| STREET ADDRESS | | STREET ADDRESS | 100045 | 030081 |
| CITY-SI-ZIP TITLE | ☐ Delete | CITY-ST-ZIP | <u> </u> | 19002 **900 [[] ☐ Change ☐ Addition |
| NAME | - Dollie | NAME | .a 1 | _ |
| STREEF ADDRESS CITY-ST-ZIP | | STREET ADDRESS CITY-ST-ZIP | . O . W | |
| UTLE | ☐ Delete | · TIFLE | "Me" | Change Addition |
| NAME STREET ADDRESS | | NAME STREET ADDRESS | Y | |
| CITY-ST-ZIP | | CITY-ST-ZIP | | |
| 12. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i). Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my agreetive shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver out rustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered. | | | | |
| SIGNATURE: | & Jum . | ack Pennel, P | res. 1/6/05 | 407-695-6359 |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date DayGree Proces | | | | |